

If you are a Sandia Employee, you may also donate online in lieu of this form at http://www.ca.sandia.gov/SHARE

| 04 40  |  |                           |                        |                    |                             |                     |                    |  |
|--|--|---------------------------|------------------------|--------------------|-----------------------------|---------------------|--------------------|--|
| Step 1: Complete the following: Your Name (Last, First): |  |                           | De                     | Department:        |                             | SSN#:               |                    |  |
| _  |  |                           | Receipt mailed to      |                    |                             |                     |                    |  |
|  |  | a Donation is             |                        |                    |                             |                     |                    |  |
| Street Address:  |  |                           | Cli                    | ty:                |                             | State & Zip:        |                    |  |
| Step 2: Choo   | ose One: 🗌 C   | ontractor [               | ☐ Sandia emplo         | yee                |                             |                     |                    |  |
| Step 3 (Conf   | tractor):  | choose to ma              | ke a one-time ca       | ash donation of    | \$                          |                     |                    |  |
|  |  |                           | 2006. (go to Step      |                    |                             |                     |                    |  |
| Wake Checks pe   | lyable to of IAI   | L Campaign 2              | eooo. (go to otep      | 7)                 |                             |                     |                    |  |
| Step 3 (Sand<br>to our website a                         |  |                           |                        | amount of your     | deduction. To               | pledge the sam      | e as last year, go |  |
| ☐ A. Fixed Amount  |  |                           |                        |                    | □ B. <i>P</i>               | ☐ B. Percentage     |                    |  |
| 1) Fixed deduction of \$ per bi-weekly pay               |  |                           |                        |                    | period% of my bi-weekly pay |                     |                    |  |
|  |  | OR                        |                        |                    |                             |                     |                    |  |
|  | ime payroll december 2008  |                           | 6 ir<br>uary 2006      | n the month of     | f (i.e. (                   | 0.3, 0.5, 0.6, 0.9  | , 1.0, 1.1, 1.2)   |  |
|  | Bi-  | weekly deduction          | ons will be effective  | e the first pay pe | riod of December            | er 2005             |                    |  |
|  | Bi-w   | eekly and ar              | nnual contributi       | on estimator f     | or a 0.6% de                | duction.            |                    |  |
|  | Annual<br>Salary   | Bi-weekly<br>Contribution | Annual<br>Contribution | Annual<br>Salary   | Bi-weekly<br>Contribution   | Annual Contribution |                    |  |
|  | 120,000  | 27.69                     | 720.00                 | 70,000             | 16.15                       | 420.00              |                    |  |
|  | 110,000  | 25.38                     | 660.00                 | 60,000             | 13.85                       | 360.00              |                    |  |
|  | 100,000  | 23.08                     | 600.00                 | 50,000             | 11.54                       | 300.00              |                    |  |
|  | 90,000   | 20.77<br>18.46            | 540.00<br>480.00       | 40,000<br>30,000   | 9.23<br>6.92                | 240.00<br>180.00    |                    |  |
| Step 4: Choo   | se the agency  | to receive you            | ur donation (Des       | ignate selectior   | n on the back               | of this page or w   | rite in your       |  |
| favori   | te charity)  |                           |                        |                    |                             |                     |                    |  |
| Final Step:  | Sign this form, and put it in an envelope (Contractors only include your check) and send by Oct. 21 to "SHARE 2006, Attn: Steve Carpenter, MS9019" |                           |                        |                    |                             |                     |                    |  |
|  | Your Signatur  | re                        |                        | Date               |                             |                     |                    |  |

Below is a partial list of charitable agencies from which to choose. You will find more information about these agencies along with many more charitable organizations by checking the "Agencies" page on the SHARE website available from Sandia California home page at http://www.ca.sandia.gov/share/2006\_agencies.html.You may choose up to 10 agencies to receive your donation. You may also choose to enter a charity not shown here.

There is a Contribution Calculator on the "Donation" page at http://www.ca.sandia.gov/share/donate.html to help you determine the weekly payroll deduction for your percentage contribution.

Specify the amount or percentage for each agency you wish to support on the line to the left of that agency. Numbers must total to the fixed amount or 100% according to what you have chosen above.

|  | Hurricane Katrina Relief  |  |  |  |
|--|---|--|--|--|
| The Baton Rouge Area Foundation Charity Hospital in New Orleans American Red Cross Salvation Army                      | Project Hope United Way for the Greater New Orleans Area Bush Clinton Katrina Fund  |  |  |  |
| Tri-Valley Community Foundation (TVCF) TVCF Health and Human Service Agencies COMMUNITY Health Charities of California |   | he Bay Area<br>San Joaquin County<br>Stanislaus County   |  |  |
|  | /CF Human Service Agencies  | stanisiaus County  |  |  |
|  | isabled Services AID EmploymentDown's Syndrome League of theBay AreaEast Bay InnovationsKaleidoscope Activity CenterKeystone Adult Learning CenterSpecial Olympics, Northern CAStepping Stones Growth CenterTri-Valley Adult Day Care ElderlyDiablo Valley Foundation for the AgingDublin Senior CenterLegal Assistance for SeniorsPlesanton Gardens Senior HousingSenior Support Program of the Tri-Valley | Family Counseling  Hospice and Palliative Care of Contra Costa Resources for Family Development So. Alameda Domestic Violence Law Project STAND! The Wellness Community (Tri-Valley Cancer Support Program) Tri-Valley Haven for Women  Other Contra Costa Sheriffs Search & Rescue Valley Care Foundation (Health Library)              |  |  |
|  | Community Health Charities  |  |  |  |
| American Lung Association Arthritis Foundation   | Children's PKU Network Christopher Reeve Paralysis Assoc Epilepsy Foundation Firefighters Pacific Burn Institute Hemophilia Council of California Huntington's Disease Society of America Kaiser Walnut Creek Hospice Leukemia & Lymphoma Society Lupus Foundation of America Lupus International Muscular Dystrophy Association  | Myasthenia Gravis Foundation National Kidney Foundation National Multiple Sclerosis Society National Neurofibromatosis Foundatior National Parkinson Foundation National Spinal Cord Injury Associatio Parkinson Foundation Ronald McDonald House Charities Sickle Cell Disease Found. of Californi St. Jude Children's Research Hospita |  |  |
| Write-In Agency (not identified above) Agency Name:  | 9 9 1   | not identified above)  |  |  |
| Agency Address:  |   |  |  |  |

This contribution in distributed by TVCF and is not subject to a service charge.

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